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CONFIRMATION NO. 5823

SERIAL NUMBER 10/711,824	FILING OR 371(c) DATE 10/07/2004 RULE	CLASS 004	GROUP ART UNIT 3751	ATTORNEY DOCKET NO. 1501.01	
APPLICANTS Robert I. Smith, Dunnellon, FL;					
** CONTINUING DATA ***** This appln claims benefit of 60/481,477 10/07/2003					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/18/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>K. A. Mahr</i> KAM Examiner's Signature Initials		STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
ADDRESS 21901					
TITLE Toilet Evacuation System					
FILING FEE RECEIVED 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		